

DOUGLAS COUNTY, NV

2021-972697

Rec:\$40.00

\$40.00 Pgs=4

08/18/2021 12:33 PM

STEWART TITLE COMPANY - NV

KAREN ELLISON, RECORDER

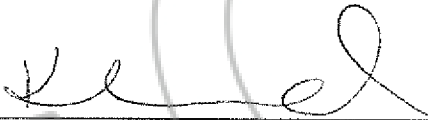
A.P.N. No.:	1420-07-710-005
File No.:	1318266 SA
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Marie Aguirre	
1416 Canyon Hollow Court	
Carson City NV 89701	

(for recorders use only)

Affidavit -Death of Joint Tenant

Please complete Affirmation Statement below:

[*] I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:



Escrow Assistant

Signature

Title

Koah Inwood
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

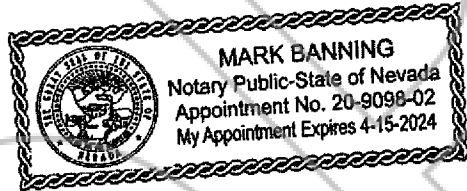
Dated: July 28, 2021.

Marie Aguirre
Marie Aguirre

State of Nevada)
County of Carson City) ss

This instrument was acknowledged before me on the 3RD day of August, 2021
By: Marie Aguirre

Signature: Mark Banning
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4222908

CERTIFICATE OF DEATH

2021015949
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Charles Samuel HARRIS		2. DATE OF DEATH (Mo/Day/Year) July 07, 2021		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street or number) 975 Shadow Lane		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. or inpatient (Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 91	
7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____		8. DATE OF BIRTH (Mo/Day/Yr) July 19, 1929	
9a. STATE OF BIRTH (if not US/CA, name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	
11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER ██████-2525		14a. USUAL OCCUPATION (Give kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY INSURANCE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 975 Shadow Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Stewart HARRIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen ANDREWS		
18a. INFORMANT - NAME (Type or Print) Sandra MEEKINS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2320 Gall Dr Riverside, California 92509			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILLIP R MAYFIELD		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St, Suite 4-E Reno NV 89502	
21. TRADE CALL - NAME AND ADDRESS TRADE CALL AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DOUGLAS VACEK DO			21c. HOUR OF DEATH 07:30		
21b. DATE SIGNED (Mo/Day/Yr) July 09, 2021		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)	
22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas Vacek DO 850 6th Street Lovelock, NV 89419			
23b. LICENSE NUMBER 1125		24a. REGISTRAR (Signature) BLAISE SATARIANO			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 09, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Cardiac Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Atherosclerotic Cardiovascular Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertension				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Type 2 Diabetes				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

000880113



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Blaise Satariano

DATE ISSUED: **7/14/2021**

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

